

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/48315**  
APPLICANT(S)

FILING DATE

**12/22/00**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4	/						54						
5	/						55						
6	/						56						
7	/						57						
8	/						58						
9	/						59						
10	/						60						
11	/						61						
12	/						62						
13	/						63						
14	/						64						
15	/						65						
16	/						66						
17	/						67						
18	/						68						
19	/						69						
20	/						70						
21	/						71						
22	/						72						
23	/						73						
24	/						74						
25	/						75						
26	/						76						
27	/						77						
28	/						78						
29	/						79						
30	/		/				80						
31	/		/				81						
32	/		/				82						
33	/		/				83						
34	/		/				84						
35	/		/				85						
36	/		/				86						
37	/		/				87						
38	/		/				88						
39	/		/				89						
40	/		/				90						
41	/		/				91						
42	/		/				92						
43	/		/				93						
44	/		/				94						
45	/		/				95						
46	/		/				96						
47	/		/				97						
48	/		/				98						
49	/		/				99						
50	/		/				100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	26						TOTAL DEP.						
TOTAL CLAIMS	29						TOTAL CLAIMS						

**BEST AVAILABLE COPY**